## **Needs for Individuals on Dialysis**

In addition to completing the Family Plan, indi	viduals who are on dia	alysis should	compile the following information:							
Name										
Insurance Information										
Medicare Number	Other Insurance									
Medical Information										
Primary ESRD diagnosis										
Other medical condition(s)										
Allergies or complicationsOther (previous surgeries, illnesses, etc.)										
other (previous surgenes, initesses, etc.)										
Usual dialysis treatment										
☐ Center hemodialysis	☐ Home hemodialysis									
☐ Chronic ambulatory peritoneal dialysis (CCPD)		<b>□</b> Intermit	tent peritoneal dialysis (IPD)							
☐ Chronic cycling peritoneal dialysis (CCPD	')									
Usual dialysis prescription										
Dialyzer brand name										
Dialysate ☐ CA ☐ K ☐ Bicabona	Blood Type									
Blood Flow Rate Type of vascular access and location										
Blood flow diagram										
Reuse										
	Back-up		Corporate contact							
Name										
Address										
City										
State										
Zip										
Telephone										
Transportation to center	Back-up									
Name	_									
Address										
City										
State										
Zip										
Telephone										
Physicians										
Name										
Address										
Telephone										
	1									

Loc	al ut	ilities										
Nam	е											
Addr												
Telep	hone											
Current medications												
Nam	e											
Dosa	ge											
Nam	e											
Dosa	ge											
Nam	-											
Dosa	ge						16		addistant all all and	for any disable as		
										s for current medications.		
		Eme	ergen	C	y I	Ki <sup>.</sup>	t C	he	eckli	st		
			d in the Family Saf							gather the below I emergency diet.		
	5-7 (	day supply of a	I medicines				Fruit i	uice (cr	anberry apple	or grape)		
	5 day supply of antibotics (if you use peritoneal dialysis and recommended by your physician)			toneal		Cerea	Fruit juice (cranberry, apple or grape)  Cereal (no raisin bran)					
		etics (fluid pills)		,				ar packets)				
		Kayexalate for potassium control					Canned fruit (pears, peaches, oranges, mixed fruit, applesauce, or pineapple. NO raisins).					
		if recommended by your physician)								etables (carrots,		
	Measuring cups, teaspoons and tablespoons, droppers						green beans, peas, corn, or wax beans)  Canned low sodium meat (tuna, crab,					
	Sharp knife						chicken, salmon or turkey)					
	'						Mayonnaise					
		, ,	_	ker	chief		Bread (not salt-free with NO preservatives)					
	_						Vanilla wafers or graham crackers Chewing Gum and Candy (sourballs, hard					
	Dry c	or evaporated m	nilk			_	candy, jelly beans or mints)					
	•						Marshmallows					
,	u are	diabetic:										
		day supply of s										
	5-7	day supply of ir temperature for up	nsulin (Keep cool,	but (	do not fre	eeze. E	lest kept	refrigera	ited, but will ke	eep at		
			lucose monitori	na	supplie	s like	lancets	and a	Icohol wipe:	5		
			e meter, have sp									
lf vo	ıı hav	e heart disease						·				
			II blood pressur	e h	eart or	anti-	clotting	ı medi	cations			
	<i>J</i> ,											
Visit the Ready in 3 web site at <u>www.dhss.mo.gov/Ready_in_3</u> to print a copy of the special diet for individuals on dialysis and obtain more information on planning for emergencies.												
		I	Missouri Depar					enior S	ervices	CADA		
Center for Emergency Response and Terrorism												
P.O. Box 570  Jefferson City, MO 65102-0570												
L	573.526.4768 #890 - 12-07											
1000 1200												